



## MONTANA EMERGENCY MEDICAL SERVICES FOR CHILDREN *EMSC CONNECTION*

**VOLUME 1, ISSUE 3**

**JUNE 2013**

### **A word from the EMSC Program Manager:**

#### **Greetings!**

The **Emergency Medical Services for Children (EMSC)** Program aims to ensure that emergency medical care for the ill and injured child or adolescent is well integrated into an emergency medical service system.

We work to ensure that the system is backed by optimal resources and that the entire spectrum of emergency services (prevention, acute care, and rehabilitation) is provided to children and adolescents, no matter where they live, attend school or travel.

### **Many exciting events are going on this month.**

- ✓ National Pediatric Readiness Project – **76.7% Response rate- CLOSING 6/8/13!**
- ✓ Special Shout Out to Hospitals! **46/60 Respondents-See which Hospitals**
- ✓ Drownings
- ✓ Pediatric Inter facility Transfer Guidelines
- ✓ **Inter Facility Transfer Tool Kit**
- ✓ Adolescent Suicide- **National and MT resources and info**
- ✓ National News and Resources
- ✓ June is National EMS Memorial Month
- ✓ **Culturally and Linguistically Appropriate Services in Health and Health Care**
- ✓ Trainings offered in MT- **Broselow Tape and EMS Online!**

## **MONTANA'S PEDIATRIC READINESS PROJECT CLOSES JUNE 08, 2013!**

The National Pediatric Readiness Project is a multi-phase quality improvement initiative to ensure that all U.S. emergency departments (ED) have the essential guidelines and resources in place to provide effective emergency care to children.

As of **Wednesday, June 5, 2013**, Montana had a **76.7% Response Rate** with **46 out of 60** hospitals assessed.

**THERE IS STILL TIME TO COMPLETE THE ASSESSMENT!**

GO TO <http://pedsready.org/> - Survey portal

A SPECIAL SHOUT out to the Montana Hospitals who **completed** the Pediatric Readiness Assessment!

Barrett Hospital and Healthcare; Beartooth Hospital and Health Center; Benefis Hospitals; Big Horn County Memorial Hospital; Big Sandy Medical Center; Billings Clinic; Blackfeet Community Hospital; Bozeman Deaconess Hospital; Central Montana Medical Center; Clark Fork Valley Hospital; Community Hospital of Anaconda; Community Medical Center; Crow Northern Cheyenne Hospital; Dahl Memorial Healthcare; Daniels Memorial Healthcare Center; Fort Belknap - U. S. Public Health Service Indian Hospital; Frances Mahon Deaconess Hospital; Granite County Medical Center; Kalispell Regional Medical Center; Lambe Deer Health Center; Livingston Memorial Hospital; Madison Valley Medical Center; Marcus Daly Memorial Hospital; Marias Medical Center; Mineral Community Hospital; Missouri River Medical Center; Mountain view Medical Center; North Valley Hospital; Northeast Montana Health Services; Northern Montana Hospital; Northern Rockies Medical Center; Phillips County Medical Center



## **DROWNINGS**

According to the US Centers for Disease Control and Prevention (CDC), in 2007, there were 3,443 fatal unintentional drownings in the US, an average of ten deaths a day, with more than 1 in 5 victims of fatal drowning being children aged 14 years and younger.

In Montana, the second most common cause of unintentional injury death for children was drowning. For more information, see the report **"Common Injuries in Children Ages 1-14 Years-Montana, spring, 2012"** on the website located at:

<http://www.dphhs.mt.gov/ems/prevention/documents/CommonInjuriesChildrenAges1to14.pdf>

CDC reports that many parents have watched their child drown without realizing what was happening. Research has shown that the Drowning Response is where people try to avoid suffocating in water – They do not splash much, do not wave, and they don't yell or call out. When children go quiet, adults should quickly find out why. In most cases, drowning people are physiologically incapable of calling out for help because the priority (instinct) is

breathing, and not to speech. Drowning people's mouths are not above the water long enough to enable them to exhale, draw breath and call out, they have barely time to exhale and inhale quickly before they go back under the water. The natural instinct is to press the arms outwards and downwards onto the surface of the water to try to leverage bodies upwards to catch a breath. People stay upright but they do not perform supporting kicks, and unless rescued, they struggle on the surface of the water up to 60 seconds before they go under. (*Fall 06 issue of On Scene journal*)

The percentage of American children that drown in natural water settings such as lakes, rivers and the sea goes up with age. Among those that died in boating incidents (709 deaths in 2008, most from drowning), **9 out of 10 of them were not wearing a life jacket** (CDC.)

**For every child that drowns, four others receive emergency care for nonfatal injuries related to submersion.** The nonfatal drowning injuries can cause severe brain damage that may result in long-term disabilities such as memory problems, learning disabilities, and permanent loss of basic functioning.

**More than 50% of drowning victims treated in emergency departments (EDs) require hospitalization or transfer for further care.**

## DOES YOUR HOSPITAL HAVE INTER-FACILITY TRANSFER AGREEMENTS?



Evidence has shown that the best outcomes for critically ill and injured children are achieved when treated at facilities most prepared to address their needs. Hospitals need to have Inter-facility Transfer Agreements (written formalized arrangements between health care facilities) in place that specify alternate care sites for those essential resources not readily available for critically ill and injured pediatric patients.

Decisions on when to seek consultation or to transfer pediatric patients need to be individualized, based on local needs and resources. However, children with certain categories of critical illness and injury are at high risk of death and disability. Early consultation with appropriate pediatric critical care or trauma specialists and rapid transport to specialized referral centers, when indicated, can improve the outcomes for these children. In particular, consultation should be sought for pediatric medical, surgical, and trauma patients who require intensive care when it is not locally available.

Medical providers and hospitals to help identify the types of critically ill or injured children who might benefit from consultation with critical care or trauma specialists or transfer to specialized referral centers can use the attached guidelines. It is recommended that hospitals and their medical staffs develop appropriate policies, procedures and staff education programs based on these guidelines. This will help to promote consultation, minimize delays, and facilitate appropriate, rapid and efficient transport of critically ill and injured children to specialty centers, when indicated.

The EMSC National Resource Center, the Emergency Nurses Association, and the Society of Trauma Nurses developed the Inter Facility Transfer Tool Kit. The interactive tool kit assists hospitals in developing preplanned processes for inter facility transfer of children.



[Download PDF](#) |

#### **Inter Facility Transfer Tool Kit**

**Pediatric Non-Trauma Transfer Guidelines**

**Pediatric Trauma Transfer Guidelines**

**Guidelines for Interfacility Transport**

**Transport Team and Method of Transport**

**Transport Team Configuration: Patient Factors**

**The Method of Transport**

**Template for an Interfacility Transfer Checklist**

## **ADOLESCENT SUICIDE and MONTANA: Suicide Deaths**



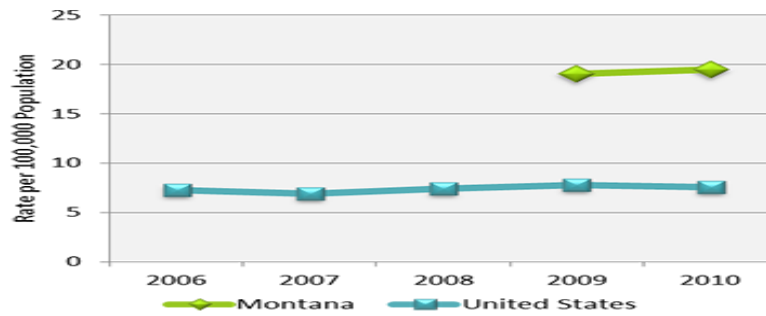
Suicide continues to be a major public health issue in the state. Montana has been at or near the top in the nation for the rate of suicide for over three decades. In the past ten years, the crude rate of suicide in Montana is 20.92 per 100,000 people (the national average is 12 per 100,000). Between 2002 and 2011, 1,992 Montana residents have completed suicide for an average of 199 people per year.

**For all age groups for data collected for the year 2009, Montana has the highest rate of suicide in the United States (*American Association of Suicidology, Jan. 2012*). Montana has been in the top five for the past thirty-five years.**

Alcohol and drug impairment, a sense of hopelessness, underlying mental illness, and a societal stigma against depression, all contribute to the high rate of youth suicide in Montana. In 2011, 25.2% of high school students in Montana reported they felt so sad or hopeless almost every day for two weeks or more that they stopped doing some of their usual activities (Montana YRBS, 2011.)

The highest rate of suicide in Montana is among American Indians (27.2 per 100,000) followed by Caucasians (22.2 per 100,000). In Montana, between 1999 and 2009, suicide was the number **two** cause of death for children ages 10-14, **adolescents ages 15-24**, and adults ages 25-34, behind only unintentional injuries (CDC, 2012.)

Figure 6: Rate of Suicide Deaths, Youths Aged 15 through 19, Montana and US, 2006-2010



**Depression is Treatable & Suicide is Preventable**

## **MONTANA Suicide Prevention Information and Resources-**

- ✓ [Suicide Prevention Toolkit For Rural Primary Care Providers](#)
- ✓ [A Guide for Medical Providers in the Emergency Department Taking Care of Suicide Attempt Survivors](#)
- ✓ [Depression Management Tool Kit](#)
- ✓ [Preventing Suicide by American Indians](#)

For more information contact: Karl Rosston, LCSW; Suicide Prevention Coordinator, Montana DPHHS 406-444-3349; krosston@mt.gov or <http://prevention.mt.gov/suicideprevention/>

**Montana Suicide Prevention Lifeline at 800-273 TALK (8255)**



## **NATIONAL NEWS:**

A new online training course is now offered by the National Crime Victims Research and Treatment Center and the Medical University of South Carolina, funded by the Department of Homeland Security/Federal Emergency Management Agency along with support and consultation from the National Fallen Firefighters Foundation and the Firefighter Support Team of the Charleston-Dorchester Mental Health Center.

**Helping Heroes** is a 9-hour training course for mental health professionals working with firefighters and other first responders who have problems with work-related trauma stress. The course content involves exposure and behavioral activation therapies, which have



strong empirical support for their efficacy with this population. The training course is free to all learners. <https://helping-heroes.org> (\*\*NCTSN May e-Bulletin\*\*)



## **APPS-Smartphone Applications/Technologies:**

Smartphones (iPhone, Blackberry, and Android), and the applications available on each have become the latest trend in fostering engagement, expanding educational reach, and increasing access to credible, science-based health messages. People can download and learn how to recognize a concussion, perform infant and child CPR, and provide first aid.

Many of the podcasts and smartphone applications are free. Use your smart-phone to search for the latest healthcare applications available for each device. Check out these apps/podcasts available through iTunes:

**Choose Your Poison**, a game to see if you can tell the difference between medicines and candy (see <http://itunes.apple.com/us/app/choose-your-poison/id419949128?mt=8>)

EMS Garage, a weekly podcasts for EMS professionals (see <http://itunes.apple.com/WebObjects/MZStore.wa/viewPodcast?id=291176274>)

**BabyGrow**, an app to help pediatricians and parents track a baby's growth from birth to age 3 using data from the Centers for Disease Control and Prevention (see <http://itunes.apple.com/us/app/babygrow/id316177673?mt=8>).

EMS Responder Podcasts, a series of audio podcast available at <http://itunes.apple.com/us/podcast/ems-world-podcasts-for-emergency/id298120605>

## **June 22 IS NATIONAL EMS MEMORIAL SERVICE**



The mission of the National EMS Memorial Service is to honor and remember those men and women of EMS who have given their lives in the line of duty, and to recognize the sacrifice they have made in service to their communities. The 20th Annual National EMS Memorial Service will take place at 6:00 p.m. at the Pike's Peak Center in Colo. Springs, Colorado. ([nemsms.org](http://nemsms.org))

### **Quick Facts**

- The National EMS Memorial Service has, since 1993, been honouring the men and women of America's EMS systems who have made the ultimate sacrifice and laid down their lives in the line of duty.
- To date, the National EMS Memorial Service has honoured 423 individuals from 47 states and the District of Columbia.

- The National EMS Memorial Service currently held each year on the last Saturday of June.

## **HHS Releases Blueprint to Advance Culturally and Linguistically Appropriate Services in Health and Health Care**

The U.S. Department of Health and Human Services (HHS) released the enhanced *National Standards for Culturally and Linguistically Appropriate Services (CLAS) Standards* in April in Washington, D.C., updating guidelines previously released in 2000. The National CLAS Standards provide a blueprint to help organizations reduce disparities and improve health care quality, while serving our nation's diverse communities. [Download the enhanced National CLAS Standards ; Access Culturally Competent, Continuing Education Units for Health Professionals](#)

## **AHRQ Releases Latest National Healthcare Quality and National Healthcare Disparities Reports**

For the 10th year in a row, the Agency for Healthcare Research and Quality (AHRQ) has produced the National Healthcare Quality Report (NHQR) and the National Healthcare Disparities Report (NHDR). These reports measure trends in effectiveness of care, patient safety, timeliness of care, patient centeredness, and efficiency of care. The reports present, in chart form, the latest available findings on quality of and access to health care. <http://www.ahrq.gov/research/findings/nhqrdr/index.html>

## **News: Infant Mortality Rate on the Decline for All Major Racial and Ethnic Groups**

A new report from the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics documents a 12 percent decline in the infant mortality rate in the U.S. from 2005 through 2011, following a plateau from 2000 through 2005. *Recent Declines in Infant Mortality in the United States, 2005-2011* is based on information from death certificates filed in state vital statistics offices and subsequently compiled into national data and included in the National Vital Statistics System ([www.cdc.gov/nchs](http://www.cdc.gov/nchs).)

## **URGENT MATTERS**

*Urgent Matters*, a national initiative funded by the Robert Wood Johnson Foundation, is dedicated to finding, developing and delivering strategies to improve patient flow and reduce emergency department (ED) crowding. *Urgent Matters* highlights patient flow best practices through its educational activities including e-newsletters, web seminars, and regional conferences. **Join Urgent Matters on Wednesday, June 19, 2013; Time: 1:00 PM to 2:00 PM ET** as they discuss the relationship between ambulance diversions and offload delay and the emerging importance of using offload delay as a benchmark for quality care in the ED. Featuring Derek Cooney, MD, FACEP, Director of EMS and Disaster Medicine, SUNY

Upstate Medical University. **The webinar is FREE and participants will receive 1 hour of CME credit for attending.**

Physicians: This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education. The Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians accredits the George Washington University Medical Center. The George Washington University Medical Center takes responsibility for the content, quality, and scientific integrity of this CME activity. See [info@urgentmatters.org](mailto:info@urgentmatters.org).

## **FREE RESOURCES:** (OPEN THE HYPERLINK)

**Boating Safety Brochure**

**How to Choose the Right Life Jacket**

**Tips to Prevent Drownings in Open Water (PDF)**

**Water Safety Flyer (PDF)**

<http://www.safekids.org/other-resource>



## **FREE BROSELOW TAPE TRAINING AVAILABLE**

The Montana EMS & Trauma Systems has developed a free online training to learn how to use the Broselow™ Pediatric Tape. Ambulance Services that have at least half of the EMS staff complete the online Broselow™ Tape Training are eligible to receive FREE Pediatric Emergency Tapes for each transporting ambulance with a limit of five tapes for each service. <http://www.dphhs.mt.gov/ems/resources/misc/Broselow.pdf>

## **EMS ONLINE.NET**

Recently, Shari Graham, NREMT-P, (DPHHS EMS System Manager, 406-444-6098, [Sgraham2@mt.gov](mailto:Sgraham2@mt.gov)) distributed information regarding the MT DPHHS EMS and Trauma Systems Section's partnership with Seattle & King County Public Health. With this partnership, EMS Agencies are able to have access to an innovative option in meeting the EMS continuing education needs of Emergency Medical Responders.

The King County Emergency Medical Services in Seattle, Washington is offering online training programs on EMS Online.net. EMS Online is a continuing education resource that offers online, interactive courses and content for emergency medical service professionals.

The program serves Paramedics, EMT's and Dispatchers. EMS Online focuses on providing high quality content, reviewed by experts in the field, allowing training officers and instructors to focus on practical skills training and assessment. The courses meet and exceed National Standards and are National Registry approved with state authorization. Each course consists of two components; the online didactic portion provided by EMS Online as well as the practical skills assessment that is completed at the agency.



The cost to subscribe is \$50.00 per person per year, however, they are offering a 50% reduced fee to any agency in Montana that subscribes to EMS Online this year. That reduces the cost to just \$25 per person for the first year of service! In addition, any agency that subscribes with 50 or more members will receive one day of complimentary training at their site! For additional information, please contact Michelle Lightfoot at 206-263-8585 or [subscribe@emsonline.net](mailto:subscribe@emsonline.net).



Emergency Medical Services for Children, MT DPHHS, EMS & Trauma Systems, PO Box 202951, 1400 Broadway, C314A, Helena MT 59620, (406) 444-0901, [rsuzor@mt.gov](mailto:rsuzor@mt.gov)

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